

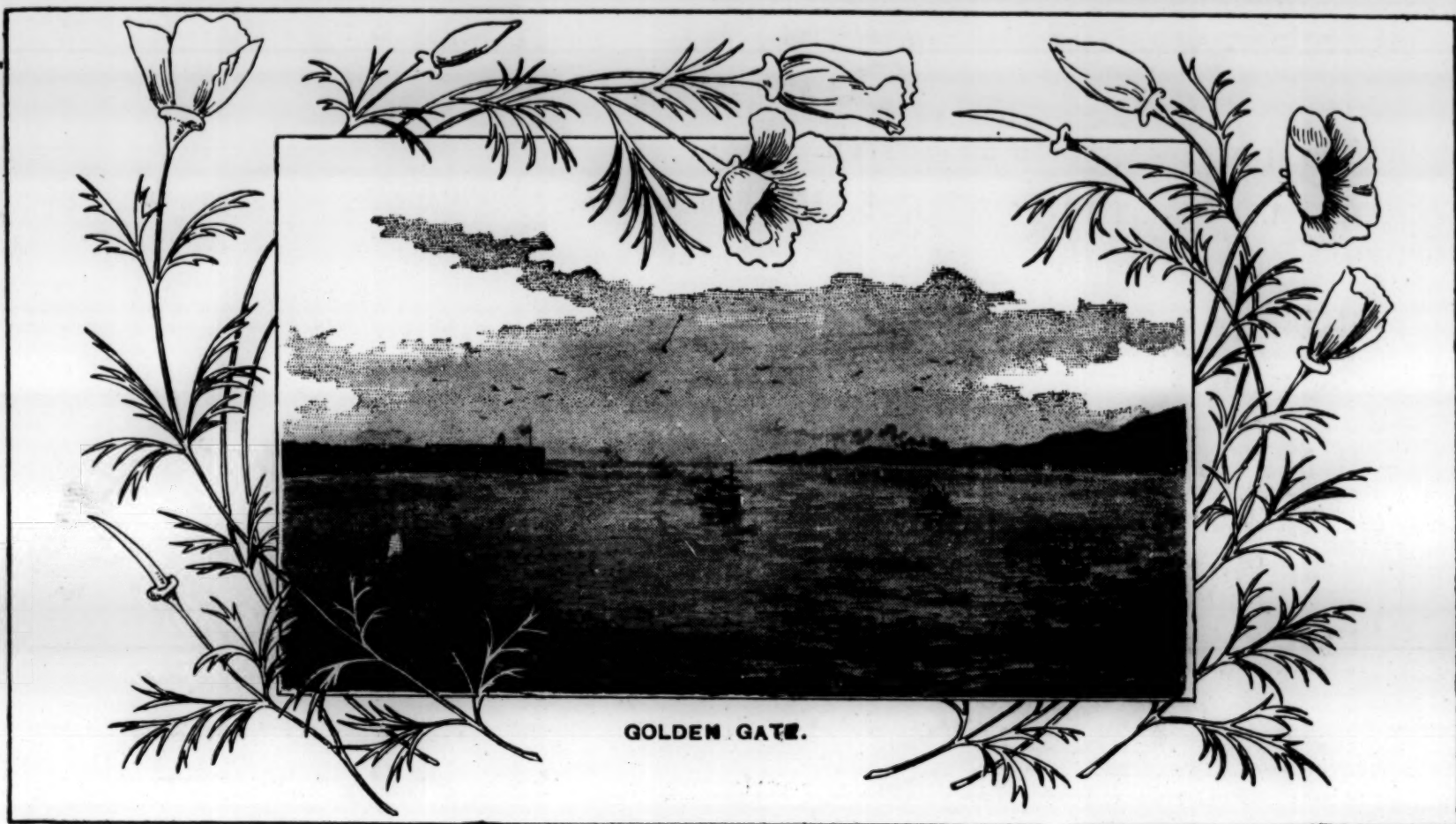
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San Francisco, February, 1896.

NO. 2.



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*CALIFORNIA MEDICAL COLLEGE.*



# California Medical Journal.

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NO. 2

## Thought: What Is It, and Where Does It Reside?

G. P. BISSELL, M. D., Cedarville, Cal.

The country where I live is arid. Cultivators of the soil construct ditches to lead the waters from melting snows of the mountains to land where vegetables are planted that productiveness may be assured. Is this an exercise of thought, of reason?

In passing through a forest I have seen trees standing thirty or forty feet from a spring that had thrown out a branch from near their roots which traversed the distance to the spring, holding its size all the way, and not branching, until on reaching the moist earth near the spring, it suddenly plunged into the ground and ended in a fimbriated extremity. This branch carried water to the thirsty tree. Was it thought and reason that caused the tree to lay a water pipe to the spring? You would have said it was had I done so. But why does that branch always start from the base? The distance would have been much less had it dipped down an extended branch into the fountain. So here was not only thought but a definite plan and differentia-

tion of function according to that plan.

But if this seeking of water implied a plan, why does not the selection of the carbon and hydrogen that build up the bulk of the tree also imply thought? And why is not thought equally implied in the building up of my body, from the first act of digestion to the selection by each cell of its proper pabulum and the rejection of the improper? For here too there is plan and differentiation of labor.

But where is that plan and thought? Not outside the tree or body, for if it were, manifestly it could never act inside of it. It then must be inside of it. Does matter think? Undoubtedly it acts. Does thought precede physical action, or does physical action precede thought? Doubtless the chemist will tell you that affinity precedes action. This is the same as saying that desire, which is thought, precedes action. But thought itself is action; if not dynamic action, then call it molecular.

This brings us to the conclusion





that thought and action are interchangeable, and pushed to the ultimate, that they are one, and differ only in mode of manifestation. But it must not be supposed that in all thought there is a syllogistic formula produced in its three regular parts. A syllogism is possible only as the result of individual will, whatever that may be.

Now whither does this inquiry tend? It points in two directions, far apart each from the other. The first and most fundamental or basic inference is that this earth is alive. This proposition is easily and clearly proved on a more concrete line of reasoning; that the earth produces and sustains life; hence must itself be alive. So that take the concept in its more concrete or in its more abstract form we arrive at the same conclusion.

The opposite direction in which the proposition points bears on our human lives psychologically and sociologically. We have already seen a differentiation of function and division of labor. As this differentiation proceeds we find that the hand and foot have diverse functions. We find various senses segregated and exercised by differing organs. Psychologically we see a nervous system built up; divided into parts, each having its separate work to do, and finally culminating in a composite brain, each convolution having its own separate work to do.

But this law does not stop here. It enters into the whole race of mankind as if it should conglomerate the whole into one individual entity, and differentiates each one for his own proper work. It makes the most credulous,

unphilosophical toilers. It fits the priest and politician to wield their charlitanism, as it has already fitted the masses as its recipients. Once in a long while it rises higher in its work and constitutes the philosopher and poet. But these heights are seldom reached. The great numbers are made plodding, gullible and almost inert masses of humanity; unable to think save by rote or to act long without guidance. Such is the case now. According to the theory of progress involved in the doctrine of evolution, such ought not to be always the case.

I began this paper by asking what is thought and where it resides? The theologian will answer that thought is a devil. Everything that tends to enlighten the ignorance of mankind is a devil with him. While not thinking that I have mastered the whole subject, I do not accept the theologian's dictum.

If it be argued that such a paper as this bears little on medical practice, I judge that it may at least lift some out of mental ruts, and perhaps cause them to use their pens and not throw all the work of correspondence for the Journal on a few. If it shall do this my purpose will be attained.

---

#### Horace's Rule.

"O yes, believe me, you must draw your pen  
Not once, nor twice, but o'er and o'er again  
Through what you've written, if you'd entice  
The man who reads you once to read you twice."



## A Peculiar Case of Poisoning, by Bichloride of Mercury.

J. A. MUNK, M. D., Los Angeles Cal.

I was called some time ago to see a case that presented some unusual peculiarities of poisoning, which I deem of sufficient importance to report to the JOURNAL.

The patient was a young married woman who, like many others, desiring to avoid the responsibilities of maternity, consulted a friend and was told to use tablets of Bichloride of Mercury to prevent conception. She procured some, but was ignorant of their dangerous nature and safe mode of administration. Instead of dissolving them in water and using the solution as a vaginal douche, she inserted two one and one-fourth grain tablets into the vagina dry. She immediately experienced a burning sensation and realized that she had made a mistake. She at once used an injection of water to wash out the medicine, but the local irritation was already so great as to contract the vaginal sphincter over the nozzle of the syringe and prevent the free return flow of the water. The injection inflated the vagina like a bladder until the distention was painful, and the water was only discharged after considerable straining and kneading of the abdomen. With much effort several injections were thus used in the course of an hour, which was thought to have dissolved and removed the tablets. However, during all the time the

pain continued, and then nausea and vomiting set in, followed by chills, profuse sweating and great depression.

It was several hours after the accident when I saw the patient, who was by that time in a state of complete collapse, and death, to all appearance, near at hand. I ordered hot applications externally and hot water and whisky internally—but while these means were being provided I injected hypodermically one fiftieth of a grain of Strychnine to strengthen the heart's action and support the vital force. In less than five minutes the pulse was again perceptible at the wrist, with other indications favorable to improvement. Two more doses of strychnine were administered at intervals of ten and fifteen minutes, after which reaction was fully established.

The patient was confined to her bed for a week from this attack and a month passed before she was fully recovered. The local caustic action was considerable, removing much of the vaginal mucous membrane, and in the posterior wall, caused sloughing of the deeper tissues, but which healed without leaving any permanent defect.

The case illustrates what an exceedingly deadly poison is the Bichloride of mercury and how carefully it should be used under all circumstances. If it had been properly diluted it could



not have produced any such effect, but that even the comparatively small quantity of two and a half grains when applied locally to an absorbing surface should cause such alarming symptoms is significant of its dangerous character.

From the prompt manner in which the strychnine acted in this case I am inclined to believe that it is more than a vital stimulant, but a true antidote to the bichloride of mercury, and can recommend it as worthy of a trial in such an emergency.

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## Convulsions.

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A. N. COUTURE, M. D., San Francisco, Cal.

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Of all diseases affecting childhood the danger from convulsions is one of the greatest. At no time of child life are they exempt or is one sex more favored than the other.

While it is essentially a disease of childhood you will also find it in the young girl just budding into womanhood, in the mature adult and in one of its worst phases in the parturient chamber.

It is alarming to note the great increase of this disease. We do not wonder so much when we think of the mothers, who as maidens were too fond of amusements, giving the freshness of their life to society, late suppers and the dance, thus marrying with a broken down nervous system; or maybe a nervous wreck from too frequent child bearing; or too many mouths to feed and little bodies to cloth from a limited purse; or the fault may be the father's, perhaps he is worn out in the race for bread, competition is so keen, or from dissipation, whiskey or nicotine. Thus baby comes into the world

with a neurotic tendency, usually fretful and peevish. The CARELESS mother will feed him anything he cries for; the TIRED OVERWORKED mother is often glad to give baby anything for a moments peace. And this unwise feeding in the neurotic child is most often the cause of convulsions.

At night anywhere from ten to twelve P. M. you are suddenly awakened by the ringing of the doorbell, "Doctor, hurry, baby is in spasms." While quickly making your preparations there runs through your mind the causes, improper feeding, teething, worms or that most dreadful disease meningitis, the exanthemata or even epilepsy. Upon entering the room you find your little patient unconscious, clonic convulsions of all the limbs and facial muscles, pupils dilated, teeth may be closed tightly or grinding and if with these symptoms the abdomen is tense and bloated, you immediately order the hot mustard bath, not forgetting a quart or more for the lower portion of the alimentary tract minus the mus-



tard, if warm water does not empty the lower bowel add glycerine to the enema. The offender may be lodged too high to be reached from below, then you use your stomach pump or not possessing one you use an emetic, lobelia or ipecac or your favorite prescription. With what joy the anxious physician welcomes the aforesaid offender, sometimes a piece of a potato, again a peanut or curdled milk and not unfrequently a large piece of meat. Your little patient is soon conscious and generally heralds that condition by a cross cry or whine, now you may question the parents and get a rational answer. They may even admit that they gave the baby the meat, potato or what ever caused the trouble.

If the convulsions were not caused by improper feeding, then you have a

more serious condition. You must get your constitutional symptoms and give your indicated remedy which most often is belladonna or gelsemium, veratrum viride or maybe cina which which must not be forgotten. If the spasm be tonic, lobelia acts like a charm. This latter class of cases are out of the ordinary, and will speak of them at some future time.

There is no class of cases in the practice of medicine where it is more necessary for the physician to keep his wits about him, a cool head and a firm hand as in convulsions. If you are a young doctor in the neighborhood a successful issue will bring you much work and always brings the gratitude of the parents in quantity sufficient to generally last until after the bill is paid.

### Diagnosis, A Test Case.

O. S. LAWS, A. M., M. D., Los Angeles, Cal.

Blessed is the doctor that can tell what "ails" his patient, when he is called to a desperate case, where death has been announced as inevitable and close at hand. This is the sort of case I first met in California. The third day after my arrival in the State, I was called to a mountain ranch near Valley Center, San Diego Co., to see a young woman, who was expected to die any day, and had been thus turned over to the undertaker by four "grave and learned seniors" of the Regular profession.

Three of them were in San Diego where the girl had been for about a year. They held a consultation, after some vain attempts to relieve her, she having been treated for some time by one or two of them. They failed to tell her friends what "was the matter" with her, but advised them to take her out home and "let her rest," but when to one side they shook their heads ominously. She was shipped home on a couch, and Dr. C—— of Valley Center called to look at her. He saw



her last on September 26th.1891, on Saturday, and said that if she still lived till Monday to let him know.

A near neighbor of the Casteels was an old friend of mine from Kansas, hence I was sent for as soon as my arrival was known, and saw her first on Sunday morning, September 27th. The case was counted a mysterious one, by doctors and people. She was a young woman of twenty years. Had been married six weeks, and a grass widow one year, and preferred to work in a hotel for a living, rather than serve in the capacity of a Sextuple Concubine for her Mormon lord. The very sight of him made her "Sick at the stomach." Now for the diagnosis. "Sore as a boil all over," was the first remark of her mother. Very nervous, and could not bare to be touched or moved without great suffering. Pulse below sixty and had that sweeping lift about it that always says "congestion of the portal circulation." Temperature is not remembered but not very high, this gave a gleam of hope. The points of greatest pain were at the left ovary and in the right lobe of the liver. Body much bloated, especially the abdomen, and in less than five minutes I decided that all the train of death proclaiming symptoms, were caused by *impaction*.

The doughy feeling of the abdomen was a clincher that could be relied upon. She was literally crammed from the Sigmoid flexure to the gall duct, so that the bile could no longer escape from the duct. Of course death was inevitable very soon unless the tract was cleared. Those present were not

a little surprised when I ventured to remark that possibly she could be relieved and restored to health. I explained the situation to the mother, and with hope revived, she was ready to obey orders, and did it heroically.

With syringe and hot water the excavation was commenced and vigorously carried on per rectum by the mother. I measured out four powders composed of diaphoretic powder grs. three and podophylin grs. two in each, and gave them three hours apart. Yes gentlemen I did that, and yet I often use Homœopathic remedies, and usually the small dose of the Eclectic. We must know when to be heroic in our doses. Within eight hours the old lady had obtained about a "bucketful" besides the water thrown in. Then began black material like tar to come from the bowels. Later on dark green, and before twelve hours had passed, pure bile passed in large quantities, and the young woman was greatly revived. Twenty-four hours from the time I first saw her, she could sit up on the bed, and take food and in ten days she was romping about the place with other young people.

Such cases are rare, I mean such extreme cases. But the Doctor should know them when they come. The above was my treatment except such soothing applications to the surface as were at hand, and tonics after the digestive tract was cleared.

My reputation was at once established in that country, and I had far more mountain climbing than I wanted, or got paid for. But the young woman paid me in gold.



## A Case of Morphine and Opium Habit, Cured.

J. H. POWELL, M. D., Higgston, Ga.

Mrs. C——, aged forty-six a confirmed morphine, opium and chloral eater of twelve years standing, had been treated by several specialists only to fall back into the habit worse than ever, applied to me for treatment five months ago. She was very much emaciated, nervous, no appetite, continual diarrhoea for weeks past, stomach revolted all food, worse than crazy, unless taking from twenty to thirty grains of morphine during the day and night or its equivalent in chloral or opium. I never saw a more typical case of opium habit. My experience had been that the habit could not be removed in these confirmed cases except where great will power is exercised on the part of the patient and a doctor who never gives up as long as the patient will swallow his drugs, a thing they generally will do (fortunately).

But unless you can keep them under your immediate control, nearly everyone will slip in a little morphine with your medicine and put you under false impressions, as lying becomes second nature with all confirmed opium eaters. Knowing the patient as well as I did I refused to treat her, I was certain that I would fail to make a cure and worst of all be aggravated all my leisure time by her, as you are all aware how troublesome this class of patients are to deal with. I told her that I knew no more about treating such cases than

the average physician. She swallowed five grains of morphine in my presence and said she was done with doctors anyway. Arriving home an hour afterwards she took a handful of chloral and soon became insensible. I was called, found her raving, cold and helpless. I used the stomach pump, afterwards washing out the stomach several times, gave three grains of atropine and a pint of brandy hypodermically in the course of twelve hours, in this time she had regained consciousness. Within twenty-four hours from the time I was called she was able to sit up. Her husband with tears begged me to treat her and if I failed it would be no worse than the others had done. I concluded to try her "on my man" so to speak and the results were very satisfactory. I gave her all the opium she wanted in pill form allowing her to make the pills. In preparing the opium for her I put in one-third gamboge, when it was mixed she could not detect it. It is needless to say she did not take very many of these pills, she soon became suspicious and bought some opium from a druggist. Her husband found it and I put gamboge in that, when she found her own opium had the same effect she concluded I was right when I told her that she could not take opium with my medicine. She tried morphine, I managed to get apomorphia in that, she





gave up in disgust and tried whiskey, a little wine of ipecac put in the whiskey soon broke her from that, she became discouraged and disgusted with the whole business and said she believed if she tried any of them again while taking my medicine it would kill her. In the meantime I was giving concentrated tinct. passiflora incarnata as prepared by John B. Daniel, Atlanta, Ga. the best of all nervines in my estimation and the best and most powerful calmate to nerve centers. I began the treatment with from six to ten teaspoonfuls daily, gradually dropping down to three, afterwards one at bedtime continuing for some time, it gave perfect quiet, sweet and refreshing sleep. Within fifteen days my patient had a good appetite and

bowels about regular, and seemed to be in normal condition. I gave the passiflora in all for five weeks, then wound up on Nux Vomica, Muriatic Acid and Pepsin. Patient has become strong, plump and healthy, and is becoming a useful member to society.

I am sure she is entirely cured. I could enumerate several other cases treated in about the same way, but this one will suffice to show what Passiflora will do in such cases. Let me urge every physician who is not using Passiflora to try it especially in children and hysterical troubles of women, for nerve exhaustion, sleeplessness, convulsions, epilepsy and St. Vitus' Dance. In hiccough, sleeplessness and tossing restlessness in low forms of fever I find it a specific.

## Electrolysis for the Surgical Treatment of Strictures.

J. A. FORT, M. D.,

Professor of Anatomy in the Ecole Pratique of the Paris Faculte De Medecine.

Read before the Section in Genito-urinary Surgery  
of the New York Academy of Medicine, November 12th, 1895.

It affords me great pleasure to have the honor of being allowed through the kindness of your president to present to you a new instrument which I have devised and called "electrolyser," for the surgical treatment of strictures by the "linear electrolysis" method.

It is a well known fact that electrolysis has been discarded on account of the imperfect instruments which were used. My electrolyser has all the ad-

vantages of the urethrotome and none of its inconveniences. It looks like a small whip of which the handle contains a metallic wire projecting from the end which connects with the flexible part. This instrument being first introduced into the urethra, is connected with the negative pole of a continuous current battery, and the positive pole is connected near the affected part, on the front of the thigh or over the pubes; than the current is turned on.



The operation which is almost painless, requires thirty seconds (on an average), with a current of a strength of at least ten milliamperes, as indicated by means of a galvanometer. The electrolyser remains perfectly cool during the operation. In nearly all cases there is no bleeding, or but very little. The urethra is made aseptic before and after the operation, in order to prevent fever. I never allow a sound to remain permanently in the urethra for any length of time after the operation.

Usually the wound resulting from electrolysis heals quickly without any local treatment whatever, and often the patient can attend to business immediately after the operation. When the wound does not heal, I merely prescribe injections morning and evening with one part of hydrozone to twenty parts of water. In nearly all cases I pass a sound the third day after the operation, also the day after. I instruct the patient to pass a sound, No. 22 or 24 F., every month and every other month.

With the urethrotome, which cuts blindly, the surgeon cannot ascertain the degree of density of the tissue of a stricture. On the contrary, by means of electrolysis, which merely produces molecular destruction of the stricture, although the instrument remains cool, I have been able to demonstrate that there are two classes of strictures—"soft and hard." Hard strictures are in the proportion of one against five soft ones.

The time required to perform the operation varies with the density of the stricture. Some strictures are so hard

that they cannot be successfully operated upon by electrolysis.

If my American colleagues who are familiar with the French language are willing to refer to one of my books entitled *Traitement des retrecissements par l'électrolysis lineaire* (this book can be procured at the library of the Academy of Medicine), they may find it quite interesting, as it will enable them to understand the improvements which have gradually been introduced in the applications of electrolysis to surgery during the last fifteen years. They will also understand how I have applied electrolysis to the treatment of strictures of the urethra, uterus, rectum and œsophagus.

Up to date, I have performed in Europe a hundred and thirty-five operations on strictures of the œsophagus (recorded in my book), and with the exception of those which were caused by malignant growths of the wall of the œsophagus all recovered.

It has been my good fortune to meet here some leading surgeons who are authorities in the treatment of strictures, and I am very grateful to them for their kindness in giving me the opportunity to demonstrate the advantages of my method in operating upon some of their patients. The report of one or two cases is as follows:

CASE. I.—Sailor, sixty-two years old, admitted at Bellevue Hospital, October 12th ultimo; Professor Taylor's ward. Five strictures of twenty-five years' standing, the deepest one being located seven inches from the meatus; urethra broken off, with urinous infiltration; serious case. The patient urinates with great difficulty every two



hours; his urine is foetid. Stricture is so narrow that a filiform sound No. 3 F., can hardly be passed through.

Operated by linear electrolysis October 18th in thirty seconds. No bleeding; no after treatment.

October 21st.—Sounds Nos. 15 20 and 22 F. are passed through the urethra. The patient urinates three times every day without pain; large stream; urine normal.

22d.—I passed through the urethra the sounds Nos. 22, 23 and 24., in the presence of Professor Taylor. Complete cure. The urinous infiltration caused an abscess which has been treated by Dr. Hart. Recovery.

CASE II.—Thirty-five years old, entered into Professor Taylor's ward October 10th. The stricture is of five years' standing. Urinates six or seven times a day; urine is turbid, I passed sound No. 13 F. The stricture is treble, the first one being located at an inch and a half from the meatus, the second at four inches and a half, and the third one at five inches.

I operated October 18th in twenty-five seconds. Slight pain; sound No. 22. F.

November 5th.—Sound No. 23 F.

CASE III.—G. D., forty-one years old, entered Bellevue Hospital October 27; Professor Taylor's ward.

Gonorrhœa eight years ago; cured in two months.

Second blennorrhœa two years later; cured in nine months.

Stricture of four years' standing. Two years ago the patient was submitted to internal urethrotomy at the Manhattan Hospital.

Later on, external urethrotomy was performed at the Presbyterian Hospital.

Five strictures. Urinates every two hours; urine turbid.

Electrolysis applied October 30th. The first four strictures were soft and the operation required but a few moments, but the fifth one required three minutes. No bleeding; pain quite severe.

Each passage of the sound was at first accompanied by chills.

November 1st.—No chills; urine normal.

5th.—Passed sound No. 10 F. Electrolysis again. No accident. Passed No. 17 F.

## Advertised Formulæ.

J. C. ANDREW, M. D., Los Angeles, Cal.

According to the medical journals of the day, it would seem to those who lived and studied medicine a quarter of a century ago, that the age of personal investigation of our indigenous materia medica were past, they being filled with advertisements of various compounds and formulæ for the treatment and cure of the many diseases to which the flesh is heir. As though

all that were necessary to the successful practice of medicine would be to study these advertisements, and apply them to the case in hand. The study of the therapeutic action of drugs upon the human economy would be wholly unnecessary.

Since Professor John M. Scudder, published his invaluable work upon "Specific Medication" twenty-five or



thirty years ago, notwithstanding the hue and cry went up from the "regular" press, that there were no specifics in medicine, men of foresight have taken up the theme, studied certain remedies for their direct effect, lauded their specific action through the journals, and in not a few instances, have the originators become wealthy. So that during these many years of unceasing toil from his ready pen and the lecture room he lived to see his prophesy fulfilled, that of specific medication being the base upon which the practice of medicine by all schools would be taught, not according to the old nosology but according to present indications, specific diagnosis.

For instance we see presented through the medical press, the cures for asthma, consumption, bladder and kidney affections, catarrhal troubles, heart cures, liver and constipation difficulties, brain and nervous phenomena, cordials, elixirs, Ferrum compounds, tablets, pellets, granules, alkaloidal formulæ, etc., all until it becomes wearisome to read, besides our office tables are so profusely decorated with pamphlets, circulars, letters etc. etc., that should we pay the attention desired to them we should find little time for the true study of medicine. Many of these remedies are being favorably received as it makes the practice exceedingly pleasant. We also see pamphlets thrown into our yards, special remedies advertised in the daily papers of certain homœopathic home remedies, with directions where they can be procured and how to be administered for all diseases, among the people. This

plan is very remunerative, and proves that advertising "pays."

Now we do not so much object to this system from the fact that it injures our practice, or that many of the compounds are not valuable or good, but that the principle has a tendency to retard the individual physician from studying the action of individual remedies for himself, that too often he will prescribe or administer one of these compounds, simply on the authority of one who has not investigated its merits for himself, not unfrequently to the peril of the patient, as we know from observation. When the sufferer has received no pronounced benefit, but is gradually growing worse, a consultation is had to secure the services of a skillful physician, who does not rely on these advertised formulæ, but on well studied and tried remedies, that have stood the test in many a hard fought battle, always coming off victorious, carrying off the laurels, leaving the resident doctor to hold the sack. You can always depend upon it that the successful physician is the one who, when he has a serious or difficult case to treat, spends much of his time in studying his materia medica and does not rely on advertised formulæ.

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A gargle of listerine, with a few drops of carbolic acid, will often give more relief than a cough mixture.

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"Man," says Carlyle, "is everywhere a born enemy of lies."



Eclecticism has for its object the dissemination of improved methods in the art of healing, and more particularly the liberation of the American people from medical slavery. Strength and aggressiveness are two promising qualities and this is as true of Eclecticism as it is of individuals. Peace does not come without success, and success only comes by vigorous activity and intelligent aggressiveness. Success is energy dominated by an invincible purpose wisely directed, and nothing is impossible to him who is resolved.

Truth and its methods is a roomy subject, and affords ample scope for a free exercise of our Eclectic impulses, but it is largely hidden from the world. There is a great deal more of it to be known; in fact, as yet, we know comparatively little of it. The rest remains to be discovered. We only gain truth by seeking and toiling for it, and unless this condition is complied with she remains as silent as the tomb. If we wish to know the truths of medicine we must follow nature's dictates. No plant will unfold its medical properties to an idle man or for one who adopts a wrong method in seeking it. Truth is hidden, and yet it is a thing that men most need, but we will find some who do not care for it; to such let me say Eclecticism is a bitter pill to swallow.

There are men in the profession who believe in the principles we represent, but have not the courage to free themselves from a code that prevents them from acting as their own good judgment dictates. Such should entertain broader views of life and have the

courage to make them known to the world. If we would win we must combine. We may rightfully strive to win because we have a most worthy end to gain; we have a good thing and we know it—we know it by actual results. Statistics prove it. Then let us combine in the interest of progress and reform and not for the purpose of antagonizing and worsting rival schools of medicine.

The liberalising influence of our school is modifying day by day the practice of our conservative brethren. The time is past when theories and creeds are accepted without investigation. We believe in proving all things and holding fast to that which is good. Without uniting we cannot expect to command respect or win victory. If we are to succeed we must organize and stand by the guns. If we do this there is no fear for the future of Eclecticism, for our principles are in harmony with the spirit of the times. If we would possess the land of promise we must fit ourselves for it; we must look to our colleges to lead the way.

The fate of the medical profession depends upon the education of the students, and this is a day and age calling for brains, minds and skilled hands both in medicine and surgery. Eclectics have formed the habit of thinking, they do not fill their minds entirely with what others have told them, but accept what they have to say just so far as it proves true, and claim the right to exercise their own faculties with freedom of disciplined liberty.



We know the world moves and there is hope for medicine in the future. We have not yet fathomed its profoundest secrets, and these indications of progress should stimulate us to action. We believe in direct medication for positive conditions, but future progress will only come by scientific researches.

The members of our school are not imported, but a home product. We love liberty and our life blood flows

with American Independence. No school has a more determined purpose to enlarge and improve the character of medical agents employed than our American school of practice. With malice toward none and charity for all, let every lover of liberty be aroused to action. Let the earnest workers so inspire every listless, careless, unthinking man that from the hills he will shout, "America and Liberty for Americans!"

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### Pharmaceutics.

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M. H. LOGAN, Ph. G., M. D., San Francisco, Cal.

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The recent rapid advance of this art and science has placed the legitimate practice of medicine on a very high plane. And particularly fortunate is the Eclectic school of practice in having a full and complete line of specific medicines and normal tinctures, representing the strength and activity of the drug in its best possible condition.

While the art of pharmacy has done so much for us, it has usurped and is every day usurping the power and education of our Allopathic neighbor. Who of you has not seen and does not almost daily see numberless compound medicines prepared by the manufacturing pharmacist, *ad nauseam*, "for physicians' prescriptions only?" These manufacturing pharmacists are generally non-medical men. They are usually generous enough to put a copy of the published formula on the label; they are very particular to state, how-

ever, that "This preparation is prepared by a new process peculiar to ourselves, the machinery for which is patented."

I have been foolish enough to try to prepare some of these medicines according to the formulæ given, but have signally failed. Now the label states with the utmost confidence, in just what class of cases the compound is to be used, the dose, time of taking, etc. In fact, the manufacturer has done the prescribing, and the physician is playing middle man or distributing agent.

The manufacturing pharmacist sends his drummer, a plausible talker, who dilates upon the virtues of his particular combinations, and leaves you a number of elegantly put up samples and a penholder, with explicit instructions, "Prescribe none other." While it is true that something good is oc-



casionally presented, like cod liver oil, encapsuled, etc., the majority of them are no better than iron bitters, sedative compounds, worm syrups, etc. This habit of prescribing made-up formulæ grows upon the physician, as the medicine is supposed to fit most any

case, it requires little effort on the part of the prescriber. If the doctor should get hold of a serious case the patient must be made to fit the medicine, sometimes to the detriment of the sick one.

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### **Notice to the Members of the National Eclectic Medical Association.**

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In furtherance of the work and interests of the meeting of the National Eclectic Medical Association to be held at Portland, Oregon, June 16, 17 and 18 next, the following sections and their respective officers have been agreed upon. It is understood by these gentlemen, and is a part of the compact in the acceptance of their several positions that they will each attend the meeting; that the three gentlemen named in each section will assume the whole work and organization of the respective section, and that they alone are to be responsible to the association for the presence at the meeting of both participants and papers under their sections, and for the character of the work done by them, as it shall appear in the transactions that will be published later.

In the solicitation of papers, etc., no section is limited as regards physicians or territory. The whole Eclectic field is open. We would suggest, however, that as section officers have much work to do for their own respective sections, that they be exempt from any such solicitation. This will not pre-

vent any of them, however, from offering papers to sections other than their own. Nor does this arrangement prevent individual members of the society from choosing their own topics and enlisting in the service of any one of the sections named. In fact, no Eclectic should wait to be urged to work. Each has a duty to perform. He owes it to himself, to the National, to the Eclectic school of medicine and to the brethren in the West. Let each do a little and the result will be great. This meeting must be a success, and we appeal to every Eclectic to lend his assistance now.

The officers of the several sections should at once outline the work of their several sections, and agree upon the assistance they need, and without any delay solicit papers and the presence at the meeting of the persons so agreed upon.

It is also understood that each and every section will be so organized and the work so arranged and completed, that full reports can be made to the President by March 15th, when a complete list of writers in the several sec-



tions and their subjects will be published, together with a full programme of the meeting.

At some subsequent time when our coast brethren have completed their organization we will announce the local Committee of Arrangements. Dr. H. Michener of Halsey, Oregon, will be Chairman of the Committee of Registration. Drs. H. E. Curry of Baker City, Or., J. K. Scudder of Cincinnati, Ohio, and Pitts E. Howes of Boston, Mass., constitute the Committee on Transportation.

The President will propose to the society that special committees be appointed on Medical Legislation, Publication, Medical Literature and Life Insurance.

I—Materia Medica—Chairman, H. T. Webster, M. D., Oakland, Cal.; Vice Chairman, F. Ellingwood, M. D., 103 State street, Chicago, Ill.; Secretary, John Fearn, M. D., Oakland, Cal.

II—Clinical Medicine and Pathology—Chairman, T. W. Miles, M. D., Denver, Col.; Vice Chairman, W. B. Church, M. D., Oakland, Cal.; Secretary, H. Michener, M. D., Halsey, Or.

III—Obstetrics and Diseases of Women—Chairman, D. Maclean, M. D., Powell and Eddy streets, San Francisco, Cal.; Vice Chairman, G. W. McConnell, Newberg, Or.; Secretary, R. C. Wintermute, M. D., 133 West Seventh street, Cincinnati, Ohio.

IV—Pediatrics—Chairman, W. F. Curryer, M. D., 88 North Pennsylvania avenue, Indianapolis, Ind.; Vice Chairman, W. M. Smith, M. D., Montesano, Wash.; Secretary, W. N. Mundy, M. D., 64 Clark, Cincinnati, Ohio.

V—Surgery—Chairman, G. G. Gere, M. D., San Francisco, Cal.; Vice Chairman, E. Younkin, M. D., 3035 Lucas avenue, St. Louis, Mo.; Secretary, E. J. Farnum, M. D., 103 State street, Chicago, Ill.

VI—Operative Gynæcology—Chairman, L. E. Russell, M. D., Springfield, Ohio; Vice Chairman, W. T. Gemmill, Forest, Ohio; Secretary, M. E. Van Meter, M. D., San Francisco, Cal.

VII—Preventive Medicine and Sanitary Science—Chairman, Pitts E. Howes, M. D., Boston, Mass.; Vice Chairman, Alex. Wilder, M. D., Newark, N. J.; Secretary, B. Stetson, Oakland, Cal.

VIII—Ophthalmology, Otology and Laryngology—Chairman, G. W. Johnson, M. D., San Antonio, Texas; Vice Chairman, F. Cornwall, M. D., San Francisco, Cal.; Secretary, A. W. Herzog, M. D., New York City.

IX—Medical Education—Chairman, George Covert, M. D., Clinton, Wis.; Vice Chairman, V. A. Baker, M. D., Adrian, Mich.; Secretary, C. N. Miller, M. D., San Francisco, Cal.

X—Medical Legislation and State Examining Boards—Chairman, E. H. Carter, M. D., Des Moines, Iowa; Vice Chairman, H. E. Curry, M. D., Baker City, Or.; Secretary, W. M. Durham M. D., Atlanta, Ga.

Should papers be offered to the society on topics other than these, they will be placed under a miscellaneous section. The Transportation Committee is already actively engaged.

We are sure to have excellent rates, and consequently a big attendance.

W. E. Bloyer, M. D., President.  
W. E. Kinnett, M. D., Secretary.



## Antiseptics and Germicides.

ALBERT E. CARRIER, M. D., Detroit, Mich.

Professor of Dermatology and of Clinical Medicine, Detroit College of Medicine;  
Dermatologist to St. Mary's and Harper Hospital, Etc.

The ideal antiseptic and germicide should be non-toxic, non-irritating and without odor. The mercuric salt does not come up to these requirements, for while it is the best germ destroyer, its liability to produce poisonous symptoms and its irritating properties, prevent its general use.

Carbolic acid is open to like objections, and the same holds true for most of the antiseptics and germicides employed in medicine to-day. Iodine combinations come the nearest to filling the requirements of the ideal antiseptic. The use of iodoform has been attended with the best results, and it is probably the most frequently used of all remedies having for their object the rendering of wounds aseptic, but instances are numerous where its use has been followed by poisonous symptoms, or it has so irritated the parts that some other remedy had to be substituted for it, and last, but by no means the least objectionable characteristic of the drug, is its penetrating, disagreeable, persisting odor. The best efforts of scientific pharmacists have been directed to the removal, or disguising of this smell; in most cases, however, this has been secured only by a sacrifice of the efficacy of the preparation, while in others, the combined odor has been a

transient one and soon followed by the non-deceptive odor of iodoform.

The keeping of wounds aseptic, which has heretofore been accomplished by having parts contacted and covered with antiseptics in solution, is rapidly giving place to the so-called dry method. Moisture is necessary for germ development. To carry out the dry treatment of wounds it is necessary to have an antiseptic in an impalpable powder, and free from all irritating properties and non-toxic so that it may be freely used over the wound surface in order to prevent germ entrance.

I was led to the use of Iatrol in the hope that it might be a perfect substitute for iodoform. The following cases will give the results of its use in my hands:

CASE 1 — SEVERE LACERATION OF THE PERINEUM ; OPERATION, IATROL DRESSING.

Mrs. W——r, aged 38, p—para, ten years married. I delivered her with forceps August 19, 1893. The child weighed fifteen pounds.

During the delivery of the shoulders the perineum was torn nearly through the sphincter ani, and for over three inches up the posterior wall of the vagina. Cleansing the parts thoroughly I brought them together and put in eight silver wire sutures, and covered



the wound with iodoform and pledgets of iodoform gauze in vagina. Patient complained of the smarting and burning that was caused by the application. On the third day the lochia became offensive and very irritating to the parts with which it came in contact; stitch abscesses formed and the sutures were torn out, leaving a palm-sized raw surface. Intra-uterine injections of peroxide of hydrogen were used, while to the surface of the wound iodoform was freely applied. Patient refused to have a second operation. Every application of the iodoform gave pain, lasting sometimes for two hours, and the odor frequently nauseated the patient. As soon as the lochia became healthy I directed my efforts to aiding cicatrization, using for this purpose boric acid, acetate of lead, etc., but during a period covering two weeks very little was accomplished in this direction. The iodoform had to be discontinued because too irritating. At this time my attention was called to Iatrol and I began its use, dusting the powder freely over the wound and covering with Iatrol gauze. The application caused a slight burning sensation when first applied, which speedily gave place to one of comfort. In twenty-four hours a decided change was noticed in the wound, and in one week it had completely cicatrized. At no time during its use did the patient give complaint of pain, nor did it ever irritate the wound or surrounding parts; in fact, the patient would ask often for a new dressing, saying it made the sore feel so good, and always expressed her

thanks at being spared the disagreeable odor of iodoform. As an antiseptic and cicatrizant, the Iatrol was fully the equal of iodoform, and lacked its disagreeable features.

CASE 2 —SUPPURATING BUBO; OPERATION,  
IATROL DRESSING.

E. B——, clerk in a clothing house, had gonorrhœa four months before coming under my care, which had been treated for one week only. The bubo was in left groin, large as a goose egg, and implicating the whole chain of lymphatics. I sent him to the hospital where I opened the abscess freely, curetting the walls with a dull spoon to remove any diseased gland, and after washing out the cavity with peroxide of hydrogen I packed it with Iatrol gauze and covering the whole with borated cotton. Dressings were not removed for three days. On redressing the wound not a drop of pus was found, the wound appearing as healthy as could be wished; no pain had at any time been present, and the surrounding dermatitis, which had been freely dusted with the Iatrol, had entirely disappeared. Dressings were applied as at first and in ten days the whole wound had completely cicatrized.

The patient, who was something of a rounder, and had passed through a similar experience where iodoform had been used, expressed his gratification at the use of Iatrol instead of iodoform, saying that Iatrol gave him no discomfort nor pain, which had always been the case when iodoform was used, and then he did not have to endure the d—d smell.



CASE 3—SUPPURATING BUBO ; OPERATION,  
IATROL DRESSING.

J. C. L——y, aged 26, had a chancreoid on glans penis, size of a bean, that had been destroyed by caustics before coming under my care. Bubo was in left groin, very painful, and surrounded with a large area of dermatitis. Patient was sent to the hospital, where I opened the abscess, and washing the cavity out with the peroxide packed it full of Iatrol gauze and dusted the powder freely over the surrounding dermatitis ; the dressings were allowed to remain on for three days, and on their removal no pus was found, and healthy granulations were covering the walls.

The dermatitis that had surrounded the abscess had entirely disappeared and at no time had the patient complained of the dressings. Wound was dressed as before, and patient was discharged in one week with the wound nearly healed. He was directed to use the Iatrol as a powder until the wound was entirely well.

CASE 4—SYPHILITIC ULCER OF LEFT ARM ;  
IATROL DRESSING.

A. B——y, commercial traveler, had a chancre three years ago, but had never been thoroughly treated, and for a year previous to consulting me had been troubled with recurring ulcers upon the arm. They were painful, and under any treatment usually lasted for six weeks or two months. Said that he could not take iodide of potash and would not have iodoform used as a dressing. He had used calomel and other local applications

without any benefit and now was using simply oxide of zinc ointment. The ulcers formed rapidly and were surrounded by a good deal of swelling and dermatitis. The ulcer was dollar sized and situated about the middle of the forearm on the flexor surface. I dusted the ulcer with Iatrol and covered with borated cotton, directing its renewal three times a day. In spite of his protestations I gave him the iodide internally. Patient returned in twenty-four hours. On examination found the dermatitis very much better ; ulcer about the same in appearance, but he stated that the medicine had very much relieved the pain and soreness. I directed dressings continued, and as he was about to leave the city asked him to report to me in one week. I heard from him at the designated time, saying that the ulcer had diminished to half the size and was free from pain. The swelling and dermatitis had entirely disappeared and that he had not lost a moment's time since he was in my office ; was very much pleased with the result of the treatment and would report if the ulcer gave him any more trouble. Saw him two months afterward ; ulcer had speedily healed and had not given him any further trouble.

CASE 5—SYPHILITIC ULCER OF LEG ; IATROL  
DRESSING NOT OF BENEFIT.

Mrs. J. W——l, aged 40, came to my clinic at St. Mary's with a syphilitic ulcer of the left leg which covered a surface of seven or eight square inches. Patient was anæmic and very thin, her skin tightly drawn over the tissues. The ulcer was not very painful ; it was



covered with an ill-smelling secretion. Said that she had had the sore for over a year. I dusted the surface with Iatrol and the application gave her a severe pain at the time but thinking it would be only temporary I directed her to apply it again at night and to return the next day, which she did, and stated that she had not slept a wink the whole night from the pain, and the feeling as if the skin was trying to stretch itself across the sore. On examination of the ulcer I could not detect anything that looked like an irritation that might be caused by the application, and the odor and secretion were both much less. On inquiry I found that any application that she had ever used gave her the same symptoms; said she had used a yellow powder that had a bad smell, and several other powders and salves, so I presume that in this case it was some idiosyncrasy of the patient that caused the unpleasant symptoms when the Iatrol was employed.

CASE 6—SYPHILITIC ULCER OF THE LEG;  
IATROL DRESSING.

G. D—y, commercial traveler, came to me in July, 1893, with a small chancre on the glans penis. The inguinal glands of the same side were enlarged and hard. As patient was away from home three months at a time, I was obliged to treat him by correspondence. I put him upon mercurials and he was to report to me twice a week. Nearly three months after he began treatment a gumma began to develop on the left leg. Of this I had not been informed, as patient had supposed that it was a boil

and had tried various applications, finally ending with a flax seed poultice, which caused the gumma to break down and an ulcer followed, which was painful and rapidly increasing in size; the pain was very severe at night. I directed Iatrol dusted into the ulcer several times a day, conjoined with the proper internal medication.

The first application relieved the pain somewhat and subsequent applications caused it to disappear entirely, and the discharge was somewhat lessened, but up to the time I next saw him, which was about one month after the ulcer had formed, its size had not diminished at all. At this time it was the size of a silver dollar. Iodoform was then used for two weeks without any material effect upon the ulcer, and the odor was very disagreeable to the patient. Iatrol was then substituted and continued for nearly six weeks longer, when the ulcer was healed. In this case the Iatrol acted fully as well as the iodoform, and lacked the disagreeable odor.

CASE 7—SYPHILITIC ULCER OF THE THUMB  
AND ULCERATIONS UPON SEPTUM NARES;  
IATROL DRESSING.

A. W—e, clerk in a retail clothing house, had a chancre two years before coming under my care; had not been treated but one month up to the present time. The ulcer upon the thumb began at the root of the nail and had gradually increased in size until he came to me, when it was the size of a ten cent piece and floor covered with an ill-smelling secretion. The ulcerations on the septum were size of split pea; there were two. The mixed





treatment was given internally, the nostrils were washed out with borated water and the Iatrol applied in powder every four hours. The thumb was dressed with Iatrol and covered with cotton, and the dressings were renewed morning and night. Improvement was noticed in the ulcers from the first application, and in two weeks they were entirely healed and have remained so up to the present time, now nearly two months.

CASE 8—CHRONIC ULCERS ON BOTH LEGS, TWO YEARS' STANDING, FOLLOWING AN ATTACK OF PERITONITIS; IATROL DRESSING.

Sadie M——r, employed in a picture frame factory, a girl of good habits, no history of specific disease. The attack of peritonitis was a very severe one, and during convalescence several boils occurred on each leg, about midway between the knee and ankle, followed at the same site by painful, dime to dollar sized, ulcers.

There were no varicosities. She had been constantly under medical treatment from the first appearance of the ulcers and they had been treated by caustics, curetting, scarifying, astringents, etc. On my first examination I found a dollar and dime sized ulcer on the right leg and a single ulcer on left leg about size of fifty cent piece. They were shallow, without hard borders, covered with a grayish discharge. No œdema of the leg. The surrounding skin had a brawny look, but was not infiltrated. I began treatment by using hot water applications thirty minutes, followed by a pepsin solution to the ulcers. No benefit re-

sulting, I used various stimulants, the mercurials and iodoform. The last caused considerable dermatitis and itching without benefiting the ulcers. I began the use of Iatrol in November, 1893, using it as follows: Bathed the legs in water as hot as could be borne for thirty minutes, dissolving Iatrol in the water (I put two drachms to the quart of water not expecting that it would all dissolve); the parts were then carefully dried and Iatrol dusted over the ulcers, covered with absorbent cotton and a bandage running from the toes to the knee, the bandage to be worn night and day and the dressings to be renewed every twelve hours. The tenderness was relieved with the first application of the Iatrol, but no other improvement was noticed for two weeks, only the dressings made the parts comfortable, and patient was content to wait. At this time the ulcer borders appeared firmer, were brighter in color, and the floor showed bright, firm granulations, and the ulcers were not increasing in size. The treatment was kept up for two months when the ulcers were entirely healed. The last two weeks of the time I used Iatrol in simple cerate.

CASE 9—ACUTE ECZEMA OF THE SCROTUM, PERINEUM AND INNER SURFACES OF BOTH THIGHS; IATROL DRESSING.

F. S. B——r, commercial traveler, came under my care September 5, 1893. The disease was of two weeks' standing, during which time he had been under the care of a physician. On examination I found the penis, scrotum, perineum and thighs much swollen, very red, and with large sur-



faces of excoriation. Oozing was so profuse that cloths and cotton were quickly saturated. Itching was intense, and patient said that sleep was only procured by hypnotics. Disease was rapidly spreading over the abdomen and down the thighs.

Treatment began by the application of hot borated water to parts for one minute, drying and dusting over the surface the following: Iatrol, four drachms, stearate of zinc com., four drachms, the scrotum to be covered with absorbent cotton and a suspensory bandage to be worn. The oozing surfaces also to be covered with the absorbent cotton, which was to be renewed as often as it got moist, the parts to be powdered before it was again put on. The first application was followed by relief of pruritus, and the patient had the first night's rest without the use of sleep producers that he had had since the disease began, September 6th. Disease still spreading and new areas very itchy; Iatrol alone applied to the new areas. The treatment was continued up to September 10th, when the oozing having ceased, I used the Iatrol in ointment, drachms two to the ounce of ungt. aq. rosæ, the parts being constantly covered with the application by saturating absorbent cotton with the ointment and keeping in place with bandages. October 9th patient was discharged entirely well of his eczema.

**CASE 10—ECZEMA UNDER BREAST, LARGE EXCORIATIONS, WITH A VERY DISAGREEABLE ODOR.**

Stella P——r, student, aged 14, a

very fleshy and well developed girl; the breasts were as large as those of a nursing woman. I found on examination numerous areas of salt rheum over the body, and under each breast were excoriations, palm sized, covered with a profuse malodorous discharge; pruritus was very severe; in each axillæ were similar patches but smaller in extent, with the same disagreeable odor to the discharge. Patient had been variously treated before coming under my care. Borated water, hot, was applied to the parts for one minute, dried, and Iatrol dusted over the excoriations, and to be applied as often as necessary to keep the parts dry. Itching was relieved at once and so was the disgusting odor. Patient came under my care September 15th and October 18th the excoriations had entirely healed; there was still some pruritus upon other parts of the body, but no lesions. I ordered a corset to be worn to avoid irritation.

**CASE 11—PUSTULAR ECZEMA OF THE SCALP AND FACE.**

Edna S——, aged 16 months, a well nourished, healthy appearing child, was brought to my office November 15, 1895. The scalp was with dime to dollar sized patches covered with thick crusts, with pus oozing freely around the borders. The face was in nearly the same condition as the scalp; the eyelids were so swollen that patient could not open them. There were numerous excoriations over the scalp and face, the result of efforts to relieve the intense pruritus. The crusts were removed by sweet oil and water and followed by the dusting over the parts



**Iatrol.**

Oozing and pus formation was so great that the powder soon formed cakes and I substituted Iatrol, four drachms; olive oil, one ounce; applied on absorbent cotton and kept in place by bandaging and frequently renewed. Improvement was rapid from the first and cure was complete in two weeks.

**CASE 12—PUSTULAR ECZEMA OF SCALP.**

C. N.—l, aged 1 year, was brought to the dispensary for treatment November 18, 1893. The whole of the scalp was one mass of crusts, matter, hair and filth; pus oozing wherever the crusts were removed; odor disgusting. The crusts were removed by sweet oil and the surface to be covered with absorbent cotton, saturated with Iatrol in olive oil and kept in place by bandage, the dressings to be renewed several times in twenty-four hours. Itching and odor was relieved at once. Improvement rapid from the first, and at the end of one week no vestiges of the disease remained.

**CASE 13—HYPERHIDROSIS OF SCROTUM AND PERINEUM.**

E. B. F——s of Charlotte, Mich., referred to me by his family physician, had suffered for several years with the sweating of the scrotum and perineum. The parts were constantly wet, the odor was disgusting, and only by wearing bandages and frequent changes could any degree of comfort be obtained.

Eczema of the parts frequently occurred, when pruritus would be intense. Patient came under my care in July, 1893, and up to September 1st no improvement had attended the va-

rious applications that I had used. At this date I began the use of Iatrol, covering the parts completely, and keeping in place with bandages, renewing as often as dressings became uncomfortable. On September 15th he reported no improvement except in the relief of itching; advised to continue Iatrol. October 3d marked improvement was noticed; patient had been able to dispense with suspensory bandage and was using the medicine morning and evening only. November 30th reported the sweating as cured, but I advised the occasional use of the Iatrol. Patient is still under my care for another affection (January 13, 1894), and has had no return of the hyperhidrosis. It is needless to add that from the first application the disagreeable odor disappeared.

**CASE 14—TINEA SYCOSIS (Barber's Itch).**

G. A. R——s, clerk, contracted ringworm of the beard in August 1893, and was treated by a physician of this city for two months with various parasitocides without benefit, when patient, becoming discouraged, took the case into his own hands, using the various advertised drugs for this affection. I first saw the case December 3, 1893. At this time the whole of the left side of the beard portion of the face was covered with the characteristic pustules, and nodules and broken hairs. The applications that had been used previously had made his face very sore, and his occupation made it necessary to avoid that if possible. Soothing applications were used for a few days when I began the treatment of the sycosis. My method was as follows:



I first epilated a patch, bathed it with Witch Hazel, dried thoroughly and then rubbed Iatrol powder over the surface, rubbing it briskly. This was followed by rubbing a second time with alcohol on absorbent cotton, and this by the application of lanolin cream. The application made the parts quite red at first, but this soon disappeared. The process was repeated every day for two weeks, when no new lesions appearing the applications were made every second day; in the meantime every hair that appeared was extracted and carefully examined for the trichophyton. At this date, January 13th, the face is free from lesions, but I shall examine him weekly for some time yet, as tinea sycosis requires watching some times after apparent cure. For three weeks, however, I have failed to find the fungus in extracted hairs.

CASE 15—TINEA VERSICOLOR.

J. E. B—s, aged 42, a tailor by occupation, had had the disease for over six years. At the time he came under my care the whole back and chest was thickly studded with the eruption. The itching was a marked feature. He had been treated at various times under the supposition that the affection was syphilis. The microscope revealed the fungus (microsporon furfur) in abundance. Before making the microscopic examination I had given him an ointment of Iatrol to relieve the pruritus, which it did speedily, although all the applications that had been previously used failed to give any relief in this respect. After discovering the parasite, I continued

the same remedy and in six weeks not a vestige of the disease remained.

REMARKS.

In all the cases reported internal medication was used whenever indicated, my report simply covering the local use of Iatrol. I am using Iatrol daily in private and dispensary cases, similar to these reported, and with uniformly good results.

In the cases of fresh wounds, as an antiseptic and cicatrizant I regard Iatrol as of the greatest value, fully equaling in these respects iodoform, while it surpasses it by reason of being non-poisonous, does not produce irritation and lacks disagreeable odor, a matter of great importance when patients are seriously affected by strong smelling preparations.

In the case of old wounds, with little pus formation, in serving as a protective and as a stimulant to healthy granulations and an aid to skin formation, Iatrol is a valuable remedy.

In no case in which I have used Iatrol have I seen any untoward effect. It has never been followed by dermatitis, even when used upon skins that were wont to rebel at the slightest irritation.

In the two cases of syphilitic ulcers, in which no apparent benefit was observed, a like result followed the use of other local applications.

In cases of pustular eczema, which are best treated by antiseptic combinations, Iatrol will give the best results, as it does not add irritation to an already inflamed surface.

It has given me the best satisfaction as a deodorant to foul discharges and in



cases of profuse perspiration, as it deodorizes without the substitution of another odor.

Another benefit that has resulted from its use in my hands is the relief of pruritus, and beside the cases related, I have used it for this purpose in cases of psoriasis, erythematous eczema and urticaria and general pruritus, a single application to the surface affording relief for several hours.

### A CALIFORNIA RECORD: WHO CAN BEAT IT?

M. H. Logan, M. D., San Francisco.

December 29, 1895, I was called to see Mrs. G——, a tall, slender woman of about 35 years of age, and mother of several children. At 9:45 P. M. she gave birth to a 12-pound girl, healthy and well formed and normal presentation. At exactly 10:45 P. M., one hour later, she gave birth to a 12-pound boy, perfect in every respect, but a breech presentation.

The placenta was very large, elliptical in form, and the cords were attached to the most distant borders. The children, as well as the mother, are to-day strong and healthy.

### PASSIFLORA INCARNATA.

J. L. Coombs, M. D., Grass Valley, Cal.

Dear Editor: The writer should be glad to make some similarly harmless error, to the one recently corrected in Our Journal in regard to overdoses of Passiflora, once monthly, if Dr. J. E. Devore were also to make so instructive a correction. After all, in my article, only the water was omitted! and

I wrote from the impression left upon my mind by a conversation with the doctor's brother while walking on the street, and of which no notes were written, until my hasty article was placed on paper. What was impressed upon my mind at the time was the necessity, in a given case, to increase the dose of Passiflora.

Each reader should note, as I have done, the specific effects described by Dr. Devore: "Stupid; pupils dilated; sharp pain in frontal region, mostly in left orbit; pulse, sharp stroke; no involuntary movement of muscles." This is the first opportunity I have had to learn of symptoms or conditions induced by Passiflora in large doses.

The smallest dose, in most agreeable form, is my motto also. Yet this is the first instance, as far as I know, in which Passiflora Incarnata has produced a similar condition, and hope others will publish observations of the subjective and objective symptoms induced by large doses of the remedy. Innocuousness, safety, has been the general idea, I think, heretofore.

I should like Dr. Devore, if able to watch the patient as against danger, not to have given any other medicine, and allow the Passiflora to complete its own action, thereby we probably could have learned more.

Some observers state that Passiflora, having given good rest one night, fails the next—i. e., the effect will not be produced on two successive nights, even in increased doses; that some other remedy must supervene, when again the influences as a hypnotic can be had. Let us have reports of experience.



## Typhoid Fever.

I believe every physician who is a subscriber of this Journal ought to write one or more articles every year giving the readers the benefit of their experience, with some remedy, that is thoroughly reliable—one that has stood the test and not been found wanting.

I will give the readers of our Journal a remedy for typhoid fever that is reliable. Every case that I have treated with this remedy not only recovered, but was free from fever in from ten to fifteen days.

Since I have used this preparation I never have a case in which the fever lasts longer than fifteen days. That remedy is salicylate of ammonia.

I always prepare my own solution, and it is made as follows:

R

Salicylic acid (oil wintergreen). 3 ij  
Carbonate of ammonia (C.P.). 3 iij  
Peppermint water, simple syrup

aa. .... 3 iv

M. Sig. One teaspoonful every two hours, day and night.

I triturate the acid and ammonia well together and slowly add the peppermint water until effervescence ceases then add the syrup.

I would like every physician who reads this article to give this preparation a trial and report their experience. You can use other medicaments in alternation with this.

J. L. Shilt, M. D.,

Mansfield, Ill.

## The New South Carolina Constitutional Provision Regarding Divorce.

South Carolina has for a long time held a unique position as the only state in the Union which refuses to grant divorces for any cause whatsoever. It is exceedingly interesting to note the fact that the New Constitution does not alter the State's policy in this regard. Marriages between the two races are absolutely forbidden. Married women are accorded full rights of property. The section in which these four rules are laid down reads as follows:

Divorce from the bonds of matrimony shall not be allowed in this State.

The marriage of a white person with a negro or mulatto or person who shall have one-eighth or more negro blood shall be unlawful and void.

No unmarried woman shall legally consent to sexual intercourse who shall not have attained the age of 14 years.

The real and personal property of a woman held at the time of her marriage, or that which she may thereafter acquire, either by gift, grant, inheritance, device, or otherwise, shall be her separate property, and she shall have all the rights incident to the same to which an unmarried woman or man is entitled. She shall have the power to contract and be contracted with in the same manner as if she were unmarried.—From South Carolina's New Constitution, by Albert Shaw, in the January Review of Reviews.



*Alumni and Personal.*

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S.F.

Dear Alumni: There is no one that needs as much help from you as does the editor of this column, and no one that gets less. We wish to have every graduates' name and present location to put in this column, so that each might know of and locate the different members of "our" class. Now, will you help in this? Send your own name and present address and year of graduation, and that of your classmates, so far as you know. This will greatly help the poor editor in completing a list. There are a great many known to us, but of the earlier classes we know but very few. We should like them all. Please send your own at least.

A. F. Bowen, M. D., Saratoga, Cal., sends this: "I send a red hot enthusiasm—\$1.50—for your elegant, alive and valuable medical journal I take three other medical journals, but when the California Medical Journal comes I love to read its bright pages, feeling so much at home among my kindred and friends. Yes, you need \$ \$ to publish so clean and up-to-date medical journal, and I trust no true Eclectic will fail to help it out for the benefit and pleasure it so freely bestows on its readers."

S. L. Lee, M. D., Carson, Nev., sends the Journal his autograph in a most

satisfactory way, for which we say, thank you kindly, doctor; may you long be able to sign your name to such as this.

F. Sage, M. D., 1770 Howard street, remembers the Journal this year. The doctor is one of the class of '84.

This shows that the California Medical Journal is known far from home. William Thompson, 25 King street, Spennymoor, Durham, England, wishes the Journal sent to him. We are pleased that you know and like the Journal in your far away, merry England, doctor.

J. G. Pierce, M. D., Sebastapol, Cal., incloses subscription and says: "The Pacific Coast Eclectic that does not take and pay for his home journal must be a back number, for it is certainly equal in style and medical information to any."

J. S. West, M. D., Colusa, Cal., Health Officer and medical examiner for all the lodges in his town, sends his best wishes to the Journal and a donation of the useful. Thanks, doctor.

Dr. L. D. Murphy, San Miguel, Cal., sends a postal order and writes: "Inclosed please find your "kernel."

Dr. Carl Murray, Chico, says the January Journal "looks like a new born babe with ribbon around its neck." He thinks Eclecticism is reaching the stage that we all may be proud of being Eclectics. Dr. Murray is one of the class of '90, and we are sure the mem-



bers of that class will be delighted to hear the doctor is well and happy and has a fine practice at Chico.

Dr. N. L. Avery, Class of '94, has gone from San Jose to Phoenix, Arizona, to locate. The doctor made this move on account of the continued ill health of Mrs. Avery. We hope to hear that Arizona has proved not only a benefit to health, but also to wealth, doctor.

Dr. H. Jackson of Likely, Modoc county, has been very ill with rheumatism. The doctor is well along in years and the winter weather is very hard to bear. We hope, doctor, that spring will bring a return of health.

Dr. Janes, 719 McAllister street, is attracting attention by his successful surgical work. He has lately had several critical cases at the Maclean Hospital that would have done credit to even an older man than Dr. Janes.

Dr. O. L. Jones, Class of '94, thinks he will have to move his office from Seventh and Broadway, Oakland, to some larger offices, as his practice has outgrown his present quarters.

We are pleased to hear that Professor M. E. Van Meter is soon to return and resume his Chair in the California Medical College. This news is sure to be received with delight by the students, who have one and all mourned the loss of so kind and efficient a teacher. Professor, you cannot come too soon to please them all.

We notice the opening of the Lake

View Hotel at Elsinore, at which Dr. L. M. E. Raymond is a partner, on the 15th with a grand ball. We wish the doctor success.

The Mountain Messenger of Downieville, Sierra county, brings the following pleasant news from one of the Class of '89:

BURLEIGH—GARDNER—In Grass Valley, December 22, 1895, by Rev. E. Van Deerlin, Dr. Frank Burleigh of Downieville and Mrs. Jennie Gardner of San Francisco.

Doctor Burleigh has the best wishes of the Journal for a happy future. Also the following:

"Dr. Pickering has given up his practice at Forest City, Sierra county, and returned to San Francisco. Dr. Burleigh of this place has moved to Forest, where he will practice in the future.

John Broadbent & Sons, leading druggists of Melbourne, Australia, send a subscription for Our Journal, with "compliments of the season." Gentlemen, we esteem this a compliment indeed to the Journal.

J. R. McHugh, M. D., Franksville, Wis., says he is thinking of locating in this State. Doctor, we are pleased to welcome all good Eclectics to California. There are some locations offered in this Journal.

#### Volunteer.

The organization of the various sections to be presented at the National is published in this number. Persons interested in the work of any particular section are likely to confer a favor on its officers by volunteering assistance.



## *Medical Societies.*

### The Annual Report of the Alameda County Eclectic Medical Association.

The year of 1895 has been a comparatively prosperous one; in fact, it has been the most prosperous of any since its organization, comparing it with the records of previous years.

At present there are twenty names on the list. Three of these have not attended any meeting of the association during the year. Twenty-two meetings have been held, one on the second and fourth Tuesday of each month, with the exception of January 23d and December 24th, the last date being Christmas eve occasioned a postponement of the regular meeting. The largest number of regular members at any meeting during the year was fourteen; the smallest number at any meeting was six. The average number of members present at each meeting was nine. Besides these there have been a goodly number of visitors.

During the year six new members have been enrolled. These were Drs. O. L. Jones, J. R. Fearn, F. C. Piersol, G. H. Derrick, J. Liftchild and E. C. Love.

Four members of the association, Drs. Turner, Wade, Stone and Liftchild, have left the county to go to other fields. In them we miss some of our most active members, but we trust they are filling as large a sphere of usefulness in their new fields and working just as faithfully for the success of Eclecticism as they did while

with us. May prosperity attend them.

Now for a retrospect view of the finances of the past year. We wish this could be more encouraging. On February 26, 1895, the following resolution was passed:

Resolved, that the by-laws be so amended that an assessment be made on each member of 50 cents per quarter, payable in advance, to defray the expenses of the association for 1895.

Some have been quite prompt in payment of these dues while others have been somewhat negligent. In all the association has received from these assessments \$13 50. Of this amount \$5 was spent for postage and \$1 for printing, leaving \$7 50 now in the treasury. The amount due from members who are in arrears for 1895 is \$12 50. The only item of indebtedness of the association is room rent for 1895.

While we look with some degree of satisfaction at the past year's work, yet can we not all see much room for improvement? Why should we not make just one more New Year's resolve and let it be this: "To do all that is possible for us to do to make the meetings of the Alameda County Eclectic Medical Association during the year 1896 so interesting, so enjoyable and so profitable that not an Eclectic in Alameda county can afford to miss them."

Victory A. Derrick, M. D.,  
Secretary.

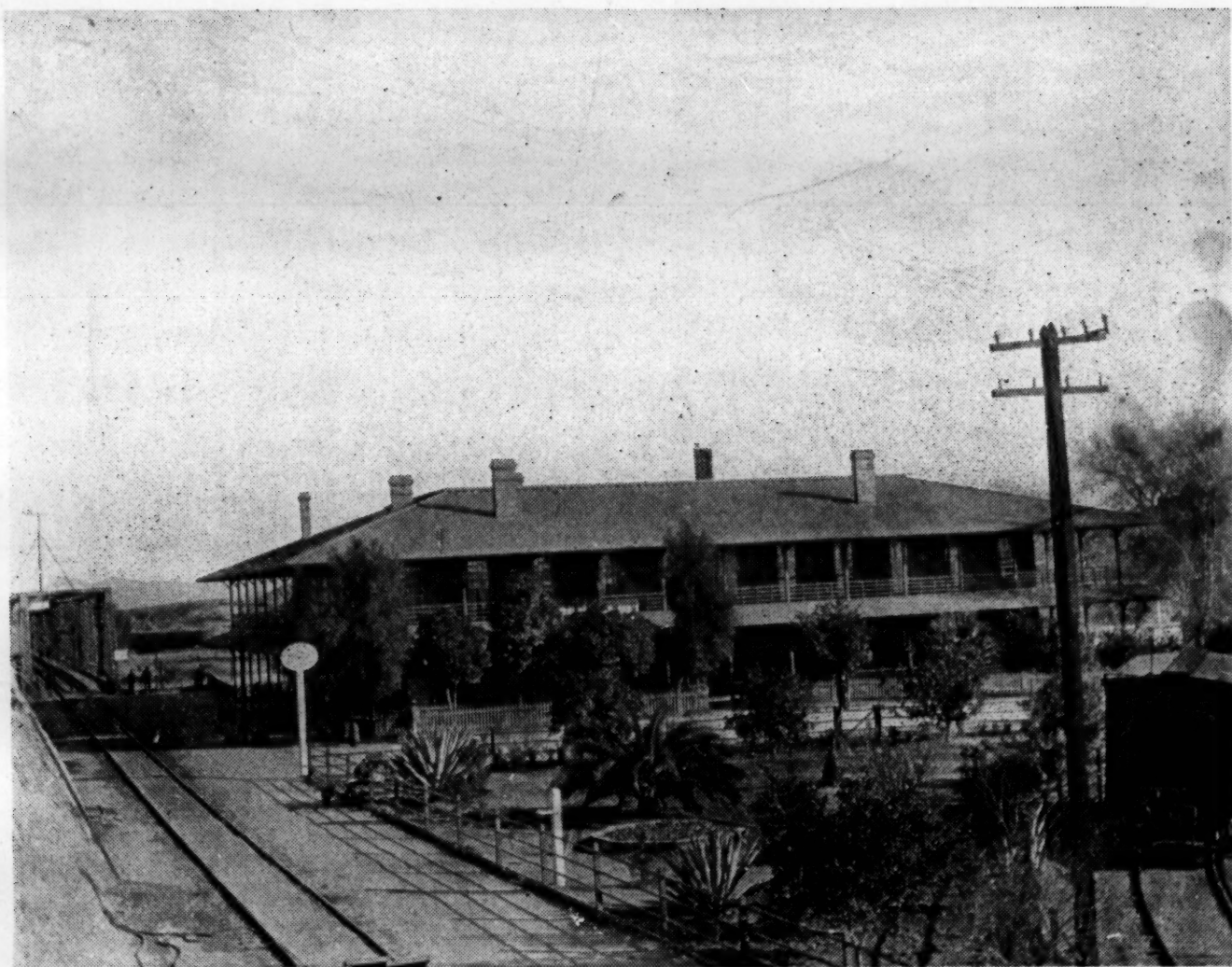
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The Massachusetts Eclectics.  
—

The Massachusetts Eclectic Medical Society held its thirty-fifth semi-annual









S. P. R. R. DEPOT, Yuma, Arizona.



meeting at the Thorndike, Boston, Mass., Wednesday, January 15, 1896, commencing at 10 A. M.

Amendments to the constitution were offered in relation to the admission of women on the same conditions as men.

There was a full attendance of members.

The following was the programme: Business; essay, "Wyoming as a Health Resort," William A. Wyman, M. D.; essay, "The Menopause," Nathan L. Allen, M. D.; lunch; essay, "Eclampsia," Nathaniel Jewett, M. D.; reports of cases.

The Board of Councillors met at 10 A. M. to examine candidates for membership.

Pitts Edwin Howes, M. D.,  
Recording Secretary.

The World's Congress of Medico-Climatology.

January 4, 1896.

The World's Congress of Medico-Climatology will hold a National Convention in San Antonio, Texas, February 20, 21 and 22, 1896. The congress will be made up as follows: The Secretary of each State Medical Society is empowered to appoint ten representatives to act in behalf of their society at our National and International Convention, and of such members as are passed upon favorably by a committee on membership, and of representative of other medical societies. Nearly 700 delegates have been appointed to date, and we confidently expect a large attendance at the meeting and to have

a very interesting and instructive session.

We have met with a hearty response from the medical press up to this time, and physicians everywhere are taking a very active interest in this most important subject of Climatology.

The following invitation is from the Business Men's Club of San Antonio:

Accept our invitation and see the new Italy—our beautiful San Antonio; Its picturesque streets and gorgeous plazas;

Its summer in winter—fragrant with roses;

Its magnificent public buildings—rivaling the Old World's models;

Its historic old missions—seats of ancient Jesuitical power;

Its romantic old Alamo—the Thermopylae of America;

Its wonderful Crystal river—bursting in full flood from mammoth springs;

Its scores of artesian wells—flowing millions of gallons daily;

Its parks, lakes, heights and drives—the envy of all rivals;

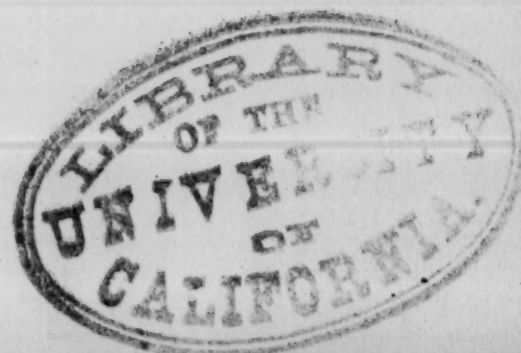
Its thousands of invalids—given new life by our climate;

Its 60,000 heart-power hospitality—waiting to welcome you.

The lowest possible rate will be secured on the various railway lines, and all who attend will meet with a hearty welcome in behalf of our congress and the medical profession and citizens of this city.

Very respectfully,

Dr. W. S. Rowley,  
Corresponding Secretary, San Antonio,  
Texas.





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Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the

CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco, - - - California.

*Editorial.***Bacillus Tuberculosis.**

Many bacteriologists claim that phthisis pulmonalis is caused by the bacillus tuberculosis.

If that mean anything, it means that unless that microbe gains a lodgement in the tissues there can be no consumption. It means that a flat chest, a pot belly, enlarged lymphatics, spongy gums, virulent catarrh, torpid liver, kidneys that do not free the blood from uric acid, a fondness for sweets, an acid stomach and gas-filled intestines are not to be taken as indications of sure coming disease of the lungs, provided the bacillus tuberculosis is not by chance received into the

system from one who already has the disease.

It means that all persons are alike liable to the dread destroyer. That long-lived stock, a fine grain, tough fiber, deep and broad chest, a clean, vigorous stomach that can quickly and thoroughly vitalize its food contents, large and active liver, intestines that never bloat, kidneys that drain away the urine copiously, and a blood stream, rich, ruddy and freely flowing, are no criterions of immunity from decay of the lungs.

It means that if only we do not by chance take into the system the bacillus in question from one who has the disease, then we may with impunity breathe dank and impure air, live in basements and sunless rooms, eat starchy, sweet and easily fermented food, go thinly clad, take insufficient sleep, and violate any or or all the laws of health and not be in the slightest danger of incurring consumption,

Is it not barely possible that the bacillus tuberculosis is not, after all, solely and entirely the cause of phthisis pulmonalis?

True, it is always present, but so is the hectic flush. May we not, therefore, say that the hectic flush is the cause? Chills and fever always occur, may we not say that they are the cause? Night sweats are never escaped, may we not say that they are alone the cause? A terrible, continued and racking cough is always to be expected, may we not claim that as the cause? "That tired feeling" is always present, so are weakness and emaciation, may we not claim that



either of these is the cause?

It is just barely possible that all these conditions, the presence of the bacillus tuberculosis included, are simply what we may expect to find in every case of consumption, but that none of them, nor all of them together, have caused the disease. Effects may have been mistaken for causes, and we venture to suggest that common sense and bacteriology fully comprehended are in accord with this view.

#### The National.

President Bloyer has completed his programme and made his appointments to the different sections. He has been unjust in his generosity by assigning too great a responsibility to the Pacific Coast. We are only few in numbers, limited in experience and modest in our undertakings.

We have three Chairmen, five Vice Chairmen and five Secretaries on this coast. Thirteen officials out of a possible thirty. A surfeit of good things without the means of enjoying them—highly officered but few privates—five hundred out of fifteen thousand.

These honors and responsibilities have been thrust upon us, and Our Journal expects every man to do his duty. Let each member who has been appointed as Chairman, Vice Chairman or Secretary do his best and act as if the success of his particular section depended upon him alone. We must not wait for one another, but each assume individual responsibility for success.

Whatever other sections of the country may do let us not be found want-

ing. Let not our Secretaries lag until they have secured a sufficient number of good papers to make a creditable showing before the association. Those who have been urged to contribute should not delay until the last minute, but immediately respond to the call of duty.

We have waited many years for this event, and we shall probably wait many years to come, before the National Association shall again meet at the western extreme of our country. It becomes us to make the best of our opportunity and show our Eastern brethren that we appreciate their visit.

Macleam.

#### Our Frontispiece.

The subject of our frontispiece for the present issue is our Professor W. O. Wilcox, Demonstrator of Anatomy and Lecturer on Diseases of the Genitourinary organs.

As may be seen at a glance, the doctor is both young and handsome; and although he has long been an Eclectic both early and late, he has not as yet had enough of trouble to sour his disposition or to clot his good nature.

As a teacher, the doctor is a great success. He has the entire anatomy at his tongue's end, and is always ready to locate anything for a student from the *aditamentum sutura lambdoidalis*, clear down to the tough and iridescent plantar fascia.

His knowledge of the theory and art of his specialty is equally as comprehensive. Physicians with difficult cases of old stricture, or stubborn gleet, Bright's disease, or other troubles of



the urino-genitalia, will find in Dr. Wilcox, at 21 Powell street, a safe and reliable counselor.

### Congratulations.

If our Eclectic Rip Van Winkles of the Pacific Coast could only be awakened! we should receive every month from all parts of the world letters like the following:

Cincinnati, Ohio, Jan. 16, 1896.

Dear Editor: Permit me to compliment you on the make-up and beauty as well as the intrinsic value of the January Journal.

It is a number of which you may well be proud, and you have my congratulations.

Very sincerely yours,

John Uri Lloyd.

Los Angeles, Cal.

"Our Journal" in its present form is very clever and its contents always interesting. You have beat them all in making an attractive and readable periodical. With hearty good wishes, I remain very cordially yours,

J. A. Munk, M. D.

Galveston, Texas, Jan. 10, 1896.

"Our Journal" is improving. I like the tone of Western Eclectic literature. It is like everything from California; it is broad, full and of a high flavor.

Texas climate and her great natural advantages, like California, produce a similar Eclectic product. We, the Texas Eclectics, join our Western brethren in hoping for a grand re-

union at the National this year.

Yours fraternally,

L. S. Downs, M. D.,  
Secretary Texas Eclectic Medical Association.

### Six Hundred (\$600) Dollars in Prizes.

Chance for a live Eclectic to do good work for the cause.

The special attention of our readers is called to the advertisement of the Palisade Manufacturing Co., which appears on the last cover page of Our Journal.

The prize contest which this well known firm announces will, no doubt, attract a great deal of attention and result in the submission of many articles of merit on "The Clinical Value of Antiseptics, Both Internal and External." The prizes are extremely liberal, and the well known professional and literary eminence of Dr. Frank P. Foster, the talented editor of the New York Medical Journal, who has kindly consented to act as judge, is a sufficient guarantee of the impartiality to be observed in the awarding of the prizes.

We are assured that there is absolutely "no string" attached to the provisions of this contest, and any physician in good standing in the community is invited to compete on equal terms with every other competitor.

Further particulars as to condition, etc., can be obtained by addressing the above named firm.

### Secretary's Address.

The success of a society depends largely upon the energy and efficiency



of its Secretary. We trust members of our State Medical Association will respond readily to the calls of our present officer and that the business of the State Association may be kept better in hand than ever before. Remember his address: B. Stetson, M. D., 1116 Washington street, Oakland, Cal.

#### Therapeutic Notes.

H. T. Webster, M. D., who conducts the department of Therapeutic Notes in Our Journal, has been overworked of late and has been compelled to give his pen a rest. We rejoice to record the doctor's success, but his gain is most decidedly our loss. We trust he may soon make arrangements to take up the work again.

#### Too Late.

An interesting paper by Dr. Van Meter came to hand too late for this issue and will appear in the March number.

#### "Now, Doctor,

"If the best medical journal in the United States, the largest, the handsomest, the best written"—Well?

#### Anderson Vaginal Capsules.

The Hall Capsule Company, Cincinnati, Ohio—Gentlemen: Please send me a box of your Anderson Vaginal Capsules, \$2. I have used these Capsules for some time in my practice and would not be without them. I find the medicated ones of great benefit in cases of inflammation and ulceration, aside from the fact that they are the most convenient article manufactured for treatment of female diseases.

E. M. Barns, M. D.

### *Publisher's Notes.*

#### Sennine, the New American Antiseptic.

This product is composed of boracic acid and phenol, and is unexcelled as a dry antiseptic dressing. The only perfect substitute for iodoform, carbolic acid, bichloride of mercury, etc. It is entirely odorless, consequently preferable, and is very highly recommended by the most prominent surgeons.

#### Best of All.

In the advertisement in this issue of Theodore Metcalf & Co. of Boston there will be found an offer that is exceedingly liberal, and one our readers should avail themselves of. It is not often that \$15 is exchanged for \$5.

#### Sanmetto.

I have been using Sanmetto for several years and find it invaluable in nearly all kidney and bladder troubles, especially those accompanied by irritation or inflammation of the mucous membrane, as well as in sexual decay and pre-senility.

William F. Mitchell, M. D.

Addison, Penn.

#### Aletris Cordial.

William Geddes, M. D., 1720 Fourteenth street, Washington, D. C., says: "Aletris Cordial has proven, in a case of dysmenorrhœa of some years standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the Aletris Cordial, and sufficient time having elapsed for me to speak of the



permanence of the cure, I can say that I propose to continue the use of Alettris Cordial in all such cases, and wherever a uterine tonic is indicated."

**Tongaline and Lithia Tablets,**

Containing five grains of Tongaline and one grain of Salicylate of Lithia, are prepared by us to meet the demand for a reliable remedy in the treatment of rheumatism, neuralgia, etc., where there exists an excess of uric acid. We will mail free samples to physicians Mellier Drug Company, 2112 Locust street, St. Louis.

**Waterhouse Uterine Wafers.**

I find your Uterine Wafers the remedy for nearly all uterine troubles.

Dr. F. Worden, North Alton, Ill.

Most druggists keep, and all druggists can get the "Waterhouse Uterine Wafers." If they will not get them for you then send direct to us. Beware when told of "something just as good," as there is nothing in the market that equals them.

Our wafers cost ten times as much to make as any other made, and we sell them cheaper and guarantee better results. Try a sample box—75 cents.

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*Book Notes.*

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**FUNCTIONAL EXAMINATION OF THE EYE.** By J. Herbert Claiborne Jr., M. D., Adjunct Professor of Ophthalmology in the New York Polyclinic; Instructor in Ophthalmology, College of Physicians and Surgeons, New York; Assistant Surgeon in the New Amsterdam Eye and Ear Hospital; Author of "Theory and Practice of the Ophthalmoscope." 100 pages with 21 illustra-

tions. Price \$1. The Edwards & Docker Company, 518 and 520 Minor street, Philadelphia.

This book consists of a number of lectures delivered at the New York Polyclinic during the last eight years, and more particularly of a number of lectures or lessons in a practical course delivered to the graduating classes at the College of Physicians and Surgeons, New York.

The author's purpose is to make the subject of fitting glasses clear to any one who reads the book. He makes no claim for originality but has put the matter, ordinarily unattractive, in an attractive form.

The widespread existence of refractive errors and the great proportion which they constitute in eye affections of these days have been the chief factors that have led him to present this treatise to the public. The simplicity at which he has aimed and which he has attained, should render the work valuable to students and beginners. He has paid particular attention to the subject of Astigmatism.

He has attempted to so arrange the material as that the chapter on Presbyopia contains the substance of all that has gone before.

The book contains a chapter on Refraction in general, and the nature and structure of spherical and cylindrical lenses.

Finally, a chapter on Mydriatics has been added in which formulæ are given and suggestions as to the cases in which they are indicated together with directions for their use.

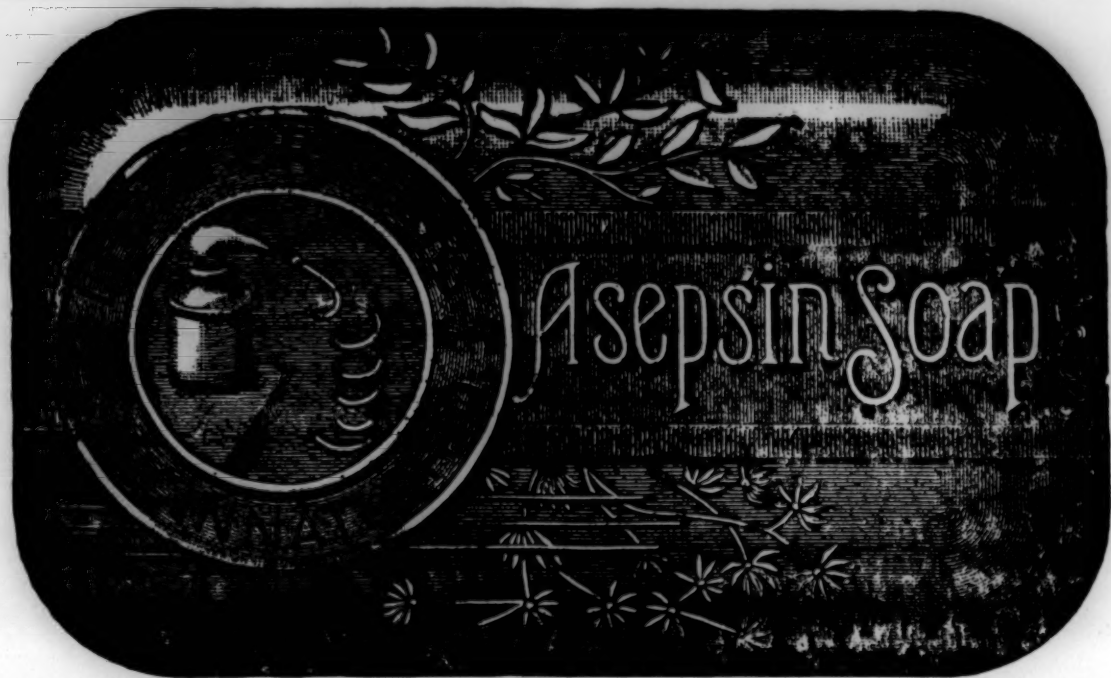
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